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Socio-Economic Background of the Drug Addict: A Study of Rajshahi City, Bangladesh

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*This paper is an attempt to discuss the socio-economic background of 145 cases of addiction in Rajshahi City, Bangladesh. The main focus of this paper is to discuss in detail the socio-economic background of the drug addict, such as age, sex, marital status, religion, education, occupation, income, drug practice and so on.***

INTRODUCTION

The phenomenon of drug abuse is of ancient origin but the consumption and the consequent problems of drugs have assumed alarming magnitudes and dimensions in recent past in many countries of the world including Bangladesh. The problem started initially with marijuana, cannabis, hashish or alcohol. And now it is heroin—the deadliest drug engulfing young generation of this nation in the world. This problem has brought about a great deal of social concern and the formidable challenges posed sociologists, medical scientists, social workers and even the Government has drawn a myriad of responses.

Today individual and organized efforts are being widely directed to the expanding problem of drug abuse in most parts of the world and Bangladesh as well. Because, the people irrespective of age, and sex are being

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affected by drugs and experiencing a variety of serious health hazards as a result of their psycho-physical effects and dependence on drugs. It is important to note that large number of young people who are productive and promising asset for the well-being of the nation are being victimized and fallen rapidly in ruination due to terrible attack of life annihilating drugs. In fact, the existing situation of drug problem is gradually deteriorating the nation as a whole and confronting social and economic development in different stages of national life.

A question, however, that naturally haunts a researcher is: who are the addicts? This question has to be answered prior to adopting any remedial measures. Although like certain social disease, drug dependence develops out of one's own life experiences of the past and present, it develops predominantly from the pressure of complex modern social life today. An individual is subject to much more personal and social tensions as compared to anything in the past.

One of the major objectives of the study was to examine the socio-economic background of the addicts, this paper has concentrated to their socio-economic background in respect to age, sex, education, occupation, income, marital status, drug practice and so on.

CONCEPT OF DRUG AND DRUG ABUSE/ADDICTION

Before embarking upon an exploration of the issue, drug use as deviant behavior, it is must to answer the seemingly simple question, "what is a drug in the first place?" It is assumed that the term "drug" refers to a set of substance with clearly identifiable chemical properties or biological effects. Drugs refer to any chemical agent which affects living protoplasm (Eddy Nathan, B. et al., 1965). Generally drugs are chemical, natural or synthetic most commonly used to describe psychoactive substances that affect the central nervous system. Most drugs are usually designed to relief pain, tension or to prevent or to cure disease as well as to have euphoric sensation (Price and Lynn, 1984).

The concept of drug abuse or addiction is concerned with the three terms—tolerance, physical dependence and habituation. Tolerance is a

physiological survival mechanism of the body in which an organism adopts to a drug and thus becomes better able to withstand continual exposure to its toxic substances (Klienmuntz, 1984). Physical dependence refers to physiological state brought about by repeated doses with resultant need for continued use to prevent withdrawal symptoms. And habituation refers to emotional or physiological dependence produced by a continual dependence upon the drug effect (such as euphoria, stimulation, relief or pain (Bucher et al., 1967, p.134).

According to World Health organization definition: Drug addiction is a state of period or chronic intoxication produced by the repeated consumption of a drug (natural or synthetic). Its characteristics include: (1) an overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means; (2) a tendency to increase the doses; (3) a psychic (psychological) and generally a physical dependence on the effects of the drug; (4) an effect detrimental to the individual or to society (World Health Organization technical report series, 1957). Drug abuse, is often synonymously used to designate drug dependence. It also refers to the non-medical use of drug and making dependence on it. Literally drug dependence means a state of psychological and physiological dependence on drug arising in a person following self-administration of that drug on a periodic or continuous basis (Gwinn, 1980). In other words, drug addiction also refers to a condition of uncontrollable habitual craving wherein a person seeks sleep, torpor, and stupor resulting from the conception of drug. This is manifested by the desire and compulsion to take a drug following its periodic or continued use.

Drug addiction, of course, is manifested as "a state in which a person has lost the power of self-control with reference to a drug, and abuses the drug to such an extent that the person or society is harmed" (Chapman:cf.; Bucher, 1967, p.134). Drug addiction, as a matter of fact, is such condition which involves three elements: overpowering compulsion to take drug, development of a need for increased doses of drug overtime; and physical dependence on the drug (Clausen, 1970).

It is a common belief that specific characteristics are *intrinsic to or dwell within* the substances that are called drugs. This could be called the "objectivistic" definition of what a drug is. For instance, a commonly cited definition of a drug is, "any substance, other than food, that by its chemical or

physical nature alters structure or function in the living organism" (Ray, 1978, p.94). However, a moment's reflection tells us that this definition, although widely used, is far too broad and all encompassing to be of much use; a cup of coffee would qualify, as would vitamin C, penicillin, perfume, ammonia, beer, automobile exhaust fumes, even a bullet fired from a gun.

Rather than seeking an intrinsic or an objectivistic definition of what a drug is, we must instead seek a *subjective* definition. This does not mean that the effects of drugs are imaginary or all in mind. What it does mean is that whether a substance is or is not drug depends on which of its characteristics are relevant to a given definition. There are many different and equally valid definitions of drugs. Each is created by emphasizing a different facet, aspect, or *dimension* of the substances in question. Is alcohol a drug? Yes, if its effects are examined: it influences the workings of the mind and body. But no, if we were to ask the man and woman in the street; most people do not regard alcohol as a drug. Is penicillin a drug? Yes, in the sense that it is used in medical therapy; no, in the sense that it is not used to get high.

Here are a few of the most important aspects or dimensions of what chemicals do, how they are seen or how they tend to be used, that qualify them for the title "drug."

1. **Medical utility:** substances currently accepted and used in conjunction with healing the body or the mind by physicians (penicillin, aspirin, Thorazine).
2. **Psychoactivity:** substances that have direct and significant impact on the processes of the mind that influences emotion, thinking, perception, feeling (LSD, alcohol, and amphetamines).
3. **Recreational use:** substances that are widely used to get "high"(alcohol, marijuana, cocaine).
4. **Illegality:** substances whose use, possession, and sale are against law for the general public (heroin, LSD, cocaine).
5. **Public definition:** substances that most people think of when they are asked to provides examples of what a drug is (heroin, cocaine, barbiturates).

Clearly, then, some substances can be a drug according to definition, but not another. And equally clearly, each of these dimensions entails making a

judgment by an actual group of people—the first from the medical profession; the second and third from the people who take them or those who watch or study those who take them; the fourth from the police, the courts, and lawmakers; and fifth from the general public. Activating or using one or another dimension is also a judgment. What we call a drug entails choosing one or another dimension as important.

Sociologists who study deviant behavior are not generally interested in a drug's medical uses, and so this dimension defining a drug is not relevant to us at this point. However, the psychoactive property of drugs is important; a drug's ability to get the user high influences whether it will be taken recreationally. Likewise, the fact that possession and sale of certain substances are against the law is also important to the persons of deviance, since arrest is one of the ways in which the deviator is punished or condemned. And last, the public's conception of what a drug is certainly influences the social and cultural climate of drug taking. Even though two substances may have similar objective effects, the fact that one is publicly regarded as a drug and they will create category of potential deviants—the users of a substance widely regarded as a "drug."

In short, when we speak or write of drugs, we are referring to a social and linguistic category of phenomena, not to a natural, objective or pharmacological category. In other words, "nothing is a drug but naming makes it so" (Barber, 1967, p.166). This does not mean that drug effects are imaginary, people just think that occur, that there is no such thing as objective or "real" drug effects. The effects are real; we just have to consider them important enough to pay attention to.

Pharmacologically drug is any substance that chemically alters the function or structure of a living organism (Webster's Dictionary, 1990). Such a definition includes food, insecticides, air pollutants, water pollutants, acids, vitamins, toxic chemicals, soaps, and soft drinks. Obviously this definition is too broad to be useful. For our purposes, a definition based on context is more useful. In medicine, for example, a drug is any substance that is manufactured specially to relieve pain or to treat and prevent diseases and other medical conditions.

In a social problem approach, a drug is any habit-forming substance that directly affects the brain and nervous system. It is a chemical

substance that affects mood, perceptions, bodily functions, and consciousness, and that has the potential to be misuse as it may be harmful to the users. Drug abuse is the regular or excessive use of a drug when, as defined by a group, the consequences endanger relationship with other people, are detrimental to a person's health or jeopardize society itself. This definition identifies two key factors that determine a society's notion of drug abuse. The first is the actual effects of a drug, and second is a group's perception of the effects. Society's perception of the ill effects of a drug is often inconsistent with the actual effects. In some societies, moderate use of alcohol is generally accepted; yet moderate use can cause serious accidents, and health problems. Aspirin is, for example, one of the most widely used drug in America, extensively used to relieve a variety of real or imagined physical and mental discomforts. Yet, excessive dosages of aspirin can cause ulcers, gastrointestinal bleeding and other ailments. Excessive drinking of coffee (containing caffeine) is accepted in the society, but it can also lead to health problems. In the 1930s American society was convinced that marijuana was a dangerous drug, as it was thought to cause insanity, crime, and a host of other ills. Now, available evidence suggests it may be no more dangerous than alcohol (Brown Bertrem S, 1977). The occasional use of heroin has been thought for years to be highly dangerous, even though available evidence indicates occasional users suffer few health consequences and can lead productive lives (Abadinsky, H., 1998, p.90-97).

The dominant social reaction to a drug is influenced not only by the actual dangers of the drug, but also by the social characteristics and motives of the groups that use. Heroin is considered dangerous because its use has been popularly associated with inner-city residents and high crime rates. Society is more accepting of the use of pills for middle-aged people to reduce stress and anxiety, but less accepting of college students using the same pills "to feel good" and "to get high." Surprisingly, legal drugs are more often abused and cause more harms in the society than illegal drugs.

Many over-the counter drugs (available without a physician's prescription) are being abused. Laxatives, for example, taken for constipation, can damage the digestive system. Large doses of vitamins A and D are toxic. Prescription drugs are also frequently abused. Among the most abused prescription drugs are tranquilizers, painkillers, sedatives, and stimulants. Americans are obsessed with taking pills. More than 1.5 billion drug

prescriptions at a cost of over 30 billion U.S. dollars are filled each year (U.S. Bureau of the Census, 1993). Many of these prescribed drugs have the potential to be psychologically addicting. Drug companies spend in advertisements trying to convince consumers there is something wrong with them—that they are too tense, that they take too long to fall asleep, that they should lose weight, that they are not “regular” enough—and then suggest their medications will solve these problems. Unfortunately, many Americans accept this easy symptom—relief approach and end up dependent on pills, rather than make the necessary changes in their lives to be healthy. Such changes include learning stress reduction techniques, changing diets, and deciding to exercise regularly.

Just because a drug is legal and readily available does not mean it is harmless. Alcohol and tobacco are illegal, but both are probably as harmful as marijuana. The rationale determining the acceptability of a drug is often illogical. Drugs favored by the dominant culture (such as alcohol in American society) are generally accepted whereas those favored by a small culture are usually outlawed. In many parts of North Africa and Middle East, Marijuana is illegal, although alcohol is outlawed. The United States imposes severe penalties for the use of cocaine, but in certain areas of the Andes Mountains it is legal and widely used (Ashley, R., 1975).

A characteristic of habit-forming drugs is that they lead to dependence, as the user develops a recurring craving for them. This dependence may be physical, psychological, or both. Physical dependence occurs when the body has adjusted to the presence of a drug and then will suffer pain, discomfort, or illness (the symptoms of withdrawal) if the use of the drug is discontinued. With psychological dependence the user feels psychological discomforts if use of the drugs is terminated. Users also generally develop a tolerance for some drugs, in which case they have to take increasing amounts over time to achieve a given level of effect. Tolerance partly depends on the type of drug, as some drugs (such as aspirin) do not build tolerance.

Drug addiction is somewhat difficult to define. In the broader sense, addiction refers to an intense craving for a particular substance. All of us have intense craving—such as for ice cream, strawberry short cake, potato chips, and chocolate. To distinguish drug addiction from other intense cravings, some

authorities have erroneously define drug addiction as the psychological dependence that develops after heavy use of a particular drug. Most addicts, however, experience periods when they "kick" their physical dependence, yet their psychological craving continues undiminished and they soon return to using their drug of choice. It is therefore more useful to define drug addiction as the intense craving for a drug stemming from heavy use (Coleman, J.W.andCressy, D.R., 1993, p.304).

Numerous reasons account for why the addicts use and abuse drugs: wanting to feel good or get high, to escape reality, wanting relief from pain or anxiety, and wanting to relax or sleep. On a broader level, it should be noted that many segments of the society encourage and romanticize the use of drugs. Senator Frank Moss, for example, comments on the role played by advertisements and commercials:

It is advertising which mounts the message that pills turn rain to sunshine, gloom joy, depression to euphoria, solve problems, and dispel doubt. Not just pills: cigarettes and cigar ads; soft drinks, coffee, tea, and beer ads— all portray the key to happiness as things swallow, inhale, chew, drink, and eat.

(Barcus, Earle F. and Jankowski).

METHODS

This paper is based on data taken from the study conducted in Rajshahi City, Bangladesh. Fieldwork was carried out, and for making the sample representative all the addicts of the city (30 wards) had been covered using the method of purposive sampling. The sample population of the study was 145 addicts who were regular drug users and psycho-physically dependent on drugs. To conduct the survey a questionnaire was administered directly to addicts. Data were collected through face to face interviews. Observations were also used for data collection particularly establishing relationship with addicts to see drug practice and their life pattern. But partial participant observation was used with the permission and willing cooperation of the addicts at the places where they congregated to take drugs, or to purchase them. At the time of data collection emphasis was given on observation

method about the reliability of the survey data. The information from questionnaire was supplemented by in-depth interviews with key informants. Apart from this, the case study method was used for getting in-depth information about the addicts.

SOCIO-ECONOMIC BACKGROUND OF THE DRUG ABUSER

Age, Sex and Marital Status of Drug Addicts

Age is an important factor in the etiology of deviance, certain type of antisocial activities are more frequent at certain age than in others. Youthhood is a crucial period when usually control is relaxed; he gains a considerable degree of autonomy. At this stage, the peer group emerges as an important socializing institution. It gives opportunity for the sharing of knowledge, experience in new activities and development of loyalties with one's peer group. It is observed from the knowledge of the study that peer group or same age group was a great contributory factor of the problem of drug abuse.

Table-1 indicates that out of total (145) cases of drug addiction, 47.59% were within the age of 25 to 29 years and of these cases 49.23% were males and 33.33% were females. It is evident that the majority of the addicts both sexes belonged to 25 to 34 years' age group. About 63.45% addicts within this age group were habituated to take drugs on the grounds of low income, poverty, and unemployment, frustration and family conflict as well. But a large number of addicts were found to be addicted by the influence of peer group pressure, and were in the group of working class.

Of male addicts, 95.60% belonging to the age of 20 to 44 years were married and only 3.40% were also married belonging to the age of 45 years and above. Among female addicts 87.50% were married belonging to the age of 20 to 34 years and 12.50% were also married within the age of 35 to 39 years. Out of the total unmarried female addicts, 75.00% were within the age of 20 to 24 years and 25.00% were between 25 and 29 years. It is observed that unmarried female addicts were found to be addicted due to personal frustration. Only three divorced female addicts within the age of 25 to 34 years

Table- 1: Age, Sex and Marital Status of Drug Addicts

Sex and marital status	Male			Female				Grand Total
	Married %	Unmarried %	Total %	Married %	Unmarried %	Divorced %	Total %	
Age								
20-24	8 9.09	11 26.19	19 46.28	3 37.50	3 75.00		6 40.00	25 17.24
25-29	40 45.45	24 57.14	64 49.23	2 25.00	1 25.00	2 66.65	5 33.33	69 47.59
30-34	15 17.04	5 11.90	20 15.38	2 25.00		1 33.33	3 20.00	23 15.86
35-39	12 13.64	2 4.77	14 10.77	1 12.50			1 6.67	15 10.34
40-44	10 11.36		10 7.69					10 6.90
45+	3 3.40		3 2.31					3 2.07
Total	88	42	130	8	4	3	15	145
Average	31.14	26.76	29.71	27.62	23.25	28.66	26.67	29.67

were found to be addicted owing to emotional insecurity caused by husband's avoidance and family sufferings. The average of male addicts was 29.71 and that of female addicts was 26.67. But the averages of both married and unmarried male addicts were 31.14 and 26.76 respectively.

Age, Sex and Religion of Drug Addicts.

Age, sex and religion are important variables contributing to drug addiction in a given culture and society. It is a fact from the experience of social studies, males are much more prone to drug addiction rather than female also susceptible inconsiderably to addiction. In addition, religion is also a factor, though not widespread, inducing drug addiction; because in some societies drug use is culturally acceptable and religious restriction are relatively low and loose.

It is obvious from the Table-2 that both Muslims and Hindus constituted a considerable number of addicts. Out of total addicts, 96.86% belonging to the age of 20 to 44 years were Muslim (male) and only 3.14% Muslim addicts (male) belonged to the age of 45 years and above. Among the

Table- 2: Age, Sex and Religion of Drug Addicts

Religion & Sex	Muslim			Hindu			Grand Total
	Male %	Female %	Total %	Male %	Female %	Total %	%
20-24	20 17.34	1 8.33	21 16.53	3 20.00	1 33.33	4 22.22	25 17.24
25-29	45 39.13	5 41.67	50 39.37	8 53.33	2 66.67	10 55.56	60 41.38
30-34	30 26.08	4 33.33	34 26.77	3 20.00		3 16.67	37 25.52
35-39	10 8.69	2 16.67	12 9.48	1 6.67		1 5.55	13 8.96
40-44	6 5.23		6 4.71				6 4.14
45+	4 3.48		4 3.14				4 2.76
Total	115	12	127	127	3	15	145
Average	29.69	29.90	29.88	29.88	25.33	27.27	29.46

Muslim addicts, About 83.33 were female within the age of 20 to 34. But, about 53.33% belonging to 25-29 years of age group were Hindu male addicts. Among the Hindu addicts, 66.67% were female within the age 25-29. It is evident from the Table that the majority number of the addicts were the Muslim. Because the Hindus are fewer than the Muslim in the study area. The averages of Muslim male and female addict 29.69 and 29.90 respectively. And the averages of Hindu male and female addicts were 29.88 and 25.33 respectively.

Level of Education and Sex of Drug Addicts

Educational background of the drug abuser may be one of the important determinants that can influence the nature of antisocial activities. It is assumed in general that the literate are sometimes less addicted than illiterates; though someone coming of high income and educated families may have the habituation of drug taking. Educational attainment makes a person conscious and considerate as to life style that are compatible with the norms

and values of the society. In addition, an educated person may realize the fierce and injurious effects of drug use on human body and mind as well as on society. Whereas illiterate persons are usually devoid of good sense of constructive and sound life. They are mostly unconscious and indifferent regarding their sound personal and social life. It is usually observed in the society that a large number of illiterate persons are much more prone to drug abuse than others.

Table-3 indicates that out of the total addicts 89.65% were male and 10.35% were females. Among them 25.52% male and 4.83% female were illiterate. Among the addicts, about 22.07% read up to class V and 17.00% from class VI to X. About 9.66% addicts were matriculates (SSC); 8.27% passed H.S.C, 4.83% were graduates and only 2.07% were post-graduates. It is evident from the Table that 2.76% were graduates among the female addicts; though only .69% read up to V and 2.07% from VI to X.

Table-3: Level of Education and Sex of Drug Addicts

Sex	Male		Female		Total	
Level of education	F	%	F	%	F	%
Illiterate	37	25.52	7	4.83	44	30.34
I to V	32	22.07	1	.69	33	22.76
V to X	25	17.04	3	2.07	28	19.31
S.S.C*	14	9.65			14	9.66
H.S.C**	12	8.27			12	8.28
Graduation	7	4.83	4	2.76	11	7.58
Postgraduation	3	2.07			3	2.07
Total	130	89.65	15	10.37	145	100.00

* S.S.C means Secondary School Certificate.

** H.S.C means Higher Secondary Certificate.

It is obvious that a considerable number of addicts, both male and female had no education. Due to illiteracy and unconsciousness in life, the addicts of this category were found to be drug addict.

Family Size and Monthly Income of Drug Addicts

Family income, generally, can place a great influence on the lives of individuals and the society as well. An individual who has economic affluence may pose many aberrant activities that help lead to disruptive life. It is usually observed in the society that persons coming of high income or affluent families are mostly associated with pathological activities in which social norms and values are abrogated. Again, persons who are in tremendous economic hardship unable to support their families and day to day necessities can easily be worried and feel frustrated. In this regard, persons in troubles may be tended to take drugs so as to having mollification from frustration, mental infliction or turmoil.

Furthermore, family size is also a contributory factor to make a family socio-economically congenial, organized or destructive, especially on the basis of amount of income. It was expected that family size of the addicts and their monthly income would be significant in the etiology of drug habits that might generate implications on family life along with psychophysical impairment of the addicts.

Table- 4: Family Size and Monthly Income of Drug Addicts

Family Size	Monthly income (in Taka)					Total	
	No Income	Below 3000	3001-5000	5001-7000	7001+	F	%
	%	%	%	%	%		
1-2		5 3.45	3 2.07	1 0.69		9	6.21
3-4	2 1.38	18 12.41	10 6.90	3 2.07	1 0.69	34	23.45
5-6	3 2.07	29 20.00	19 13.10	6 4.14	5 3.45	62	42.75
7-8		18 12.41	7 4.83	4 2.76		29	20.00
9+			4 2.76	5 3.45	2 1.38	11	7.59
Total	5 3.45	70 48.27	43 29.65	19 13.11	8 5.52	145	100.00

With respect to family size and monthly income of addicts, it is clear from the Table-4 that 42.75% families had 5 to 6 members and only 7.59% families had 9 members and above. About 6.21% had 1 to 2 members, 23.45% had 3 to 4 members per family. But, of the majority families (42.75%) having 5 to 6 members, 17.24% had monthly income of Tk. 3001 to 7000 and 2.07% had no income; 20% had below TK. 3000, and only 3.45% families had monthly from Tk.7001 and above. It is also clear that about 48.27% families having 1 to 8 members had the income below Tk.3000. Because families of this income group were found to be poor, and even a number of this group were partial employed or unable to earn adequately. About 3.45% families having 3 to 6 members had no monthly income. The addicts of these families were observed to manage fund for drugs from selling landed property, other valuable resources, or from unfair means such as stealing, smuggling and so on.

About 29.65% families had monthly income of Tk. 3001 to 5000; only 5.52% families had monthly income from Tk.7001 and above. But, it is evident from the Table that the majority of the families had monthly income below Tk.3000.

Occupation of the Addicts and their Monthly Income

“Occupation is that specific activity with a market value which an individual continually pursues for the purpose of obtaining a steady flow of income; this activity also determines the social position of the individual” (Taylor, 1968, p.8). Occupation is also a contributory factor in the etiology of antisocial activities. But, unemployment is regarded as one of the causes of deviant acts. “An idle brain is devil’s workshop” is an old proverb that recognizes the bad effects of unemployment on human nature. Occupational factor sometimes moulds human habits and character. Again, income is also an important factor that causes some sort of deviant acts like drug taking, alcoholism, stealing, and so forth. It was expected that occupational pattern of addicts and their income from occupation would be significant in the development of drug abuse or drug habit.

In the study, it was sought to know occupational pattern and monthly income of addicts; because a considerable number of addicts were

involved in drug use that necessitated substantial money. From queries regarding their occupation and income, it is obvious in the Table-5 that about 33.10% addicts were without specific occupation. The predominant occupations of the addicts were business, service, driving, beggary, day labor, rickshawpulling and so on. It is transparently noticeable that out of total addicts 27.59% had no income; 44.82% had below Tk.3000; 18.62% had monthly income of Tk. 3001 to 5000. But, the income of the majority addicts (44.82%) were below Tk. 3000. Because, most of them were found not to be well employed or with specific job; rather they were found to be involved in floating heterogeneous occupation.

Table- 5: Occupation of the Addict and their Monthly Income

Occupation	Monthly Income (Taka)					Total	
	No Income %	Below 3000 %	3001- 5000 %	5001- 7000 %	7001- %	F	%
No fixed Occupation	20 13.79	23 15.86	5 3.45			48	33.10
Business		15 10.34	10 6.90	6 4.14	4 2.76	35	24.14
Service		4 2.76	2 1.38	2 1.38		8	5.52
Richsha- wpuling		12 8.27	4 2.76			16	11.03
Student	13 8.97					13	8.97
Skilled in Trade		2 1.38	2 1.38	1 0.69		5	3.45
Day Labor		3 2.07	2 1.38			5	3.45
Driving		2 1.38	2 1.38			4	2.76
Begging		2 1.38				2	1.38
House Wifery	7 4.83	2 1.38				9	6.21
Total	40 27.59	65 44.82	27 18.62	9 6.21	4 2.76	145	100.00

Virtually, the percentage of the addicts having no fixed occupation was much higher than that of other occupations. Of the total addicts, 24.14% addicts were engaged in business. Among them, only 2.76% had monthly income from Tk.7001 and above. It is observed that the percentage of addicts engaged in business was comparatively high than other occupations. This is because, businesspersons were supposed to earn substantial income and take drugs excessively.

Of the addicts, 8.79% were students without having the sources of their own income. Most of them were found to manage money for purchasing drugs from their guardians or from unfair means. It is also markedly observed that 4.83% addicts belonging to house wifery had no income. They were supposed to manage funds for drugs from drug trafficking. It is also noticeable that only 1.38 % addicts belonging to beggary had monthly income below Tk. 3000. They were found to collect money from other people as aid.

Daily Expenditure for Drugs and Sources of Money

Generally, addicts have to manage required money to buy drugs they consume. As drugs are essential to addicts to that extent needed for producing euphoria, they compel to manage drugs by using diversified ways and sources of procuring money. But, sources of getting funds for drugs vary from one addict to another. Although, there is a common belief that addicts mostly come from affluent or well-to-do families. But the data on monthly income of addicts has failed to support that belief (Table No. 4).

It was expected that addicts would be able to manage their expenses for purchasing high priced addictive drugs. As regards the sources of having funds to pay for drugs and the amount of expenditure, it is evident from the Table-6 that out of total addicts 49.65% managed to collect expenses for drugs from their own sources of income such as services, business, rickshawpulling, skilled in trade and so on. The source of about 16.00% addicts for purchasing drugs was family income; and the source of 7.00% addicts was friends who provided funds for buying drugs especially at the time of drug taking or on occasional basis.

It is pertinent to note that a significant percent (27.59%) of addicts had no specific fair sources of income. They were found to earn their essential

money for purchasing drugs by using some sort of unfair meanses like petty property theft, smuggling, cheating, hijacking, and illicit trade in drug as well.

Table- 6: Daily Expenditure for Drugs and Sources of Money

Sources	Expenditure (Taka)							Total	
	Below 30 %	31-60 %	61-90 %	91-120 %	121-150 %	151-180 %	181+ %	F	%
Own Income	15 10.34	24 16.55	14 9.65	8 5.52	6 4.14	4 2.76	1 0.69	72	49.65
Family Income	5 3.45	10 6.90	6 4.14	2 1.38				23	15.86
Friends	2 1.38	3 2.07	4 2.76	7 4.83				10	6.90
Unfair Means	3 2.07	8 5.52	10 6.90	6 4.14	5 3.45	3 4.14	5 3.45	40	27.59
Total	25 17.24	45 31.04	34 23.45	17 11.72	11 7.59	7 4.83	6 4.14	145	100.00

It is also apparent that the majority of the addicts (49.65%) having own sources of income paid for drugs from Tk. 31 to 181 and above. Most of them were found to belong to different occupations such as business, services, rickshawpulling, day labor and so forth. About 9% addicts paid for drugs Tk.151 to 180 and above. They were mostly found to earn money from business or from smuggling and illicit drug trafficking. It is also obvious that about 17.24% addicts paid for drugs below Tk. 30. They were mostly found to have funds for drugs from their low income occupations such as rickshawpulling, day labor, begging, driving and also from unfair means.

Type of Drugs used and Amount of Daily Expenditure

By and large, there are various types of addicts who use different addictive drugs. But, very recently the pattern of drug use has been changed to a greater extent on accounts of discovering a highly addictive and life annihilating drug- heroin. It is very dangerous to cause greatly damage on human body function. Apart from the ugliest drug- heroin, other soft and over

the counter drugs also are bringing about more and more detrimental impacts on human body and mind or on the societies as well.

As far the magnitude of drug use is, in turn, increasing, and at the same time the extent of expenses for drugs is also rising. In fact, the use of drugs is expanding in greater parts of the country. Having grasped in the complex net of addiction, addicts are being compelled to take drugs especially on the grounds of psychophysical dependence in spite of rising price of highly addictive drugs that contain severe mood altering properties. As a result, most of addicts are being fallen in an awkward situation along with physical impairment and sufferings.

Table- 7: Type of Drugs used and Amount of Daily Expenditure

Expenditure	Type of Drugs							Total	
	Heroin %	Hashish %	Alcohol %	Tari %	Phensidyl %	Barbiturate %	Patidine %	F	%
Below 30	10 6.90	8 6.90	2 1.38	6 4.14	2 1.38	9 6.21	1 0.69	38	26.21
31-60	15 10.34	9 6.21	6 4.14	5 3.45	4 2.76		5 3.45	46	31.72
61-90	9 6.21	2 1.38	6 4.14	3 2.07	4 2.76		2 1.38	24	16.55
91-120	10 6.90		3 2.07		3 2.07		1 0.69	17	11.72
121-150	8 4.14		2 1.38					10	6.90
151-180	4 2.76		2 1.38					6	4.14
181+	4 2.76							4	2.76
Total	60 41.38	19 13.10	21 14.48	14 9.66	13 9.00	9 6.21	9 6.21	145	100.0

* Many of the addicts consumed multiple drugs.

With reference to drugs used and the amount of daily pay for drugs, it is obvious from the Table-7 that out of the total addicts 41.38% used the ugliest and highly damaging drug- heroin. Among other drugs used by the addicts, 13.10% used hashish/ ganja, 14.48% alcohol, 9.00% phensidyl, 6.21%

barbiturates and only 6.21% used pethidine. It is apparent that 26.21% addicts paying below Tk.30 used different types of drugs such as heroin, hashish (marijuana), barbiturates, alcohol and so on. Most of the addicts paying below Tk.30 were found to be from low-income occupations especially rickshawpulling, driving, begging and also skilled in trade. It is obvious from the Table that the largest number of addicts using various types of drugs paid from Tk. 30 to 90. Most of them collected money for drugs from the occupations like business, services, and also from family sources. But, out of 41.38% heroin addicts, about 16.56 % using high priced heroin paid from either Tk. 91 to 181 and above, and they were mostly supposed to earn funds for drugs from either business or unfair means like smuggling and black-marketing. It is clear that significant percent (41.38%) of total addicts used heroin and the rest 58.62% used hashish, alcohol and other soft or psychoactive drugs. But some of the heroin addicts were found to take soft and over- the counter drugs when heroin was scarce in the regular supply of drugs demanded.

Involvement of Drug Addicts in the Criminal Activities

Drug abuse causes diverse problems because of its possible psycho-physical effects on human body and mind especially on mental faculties and personality. There is a general belief that drug use has some direct nexus with crimes and antisocial activities as well. Virtually drugs are that substances, which contain psychoactive or mind altering properties and cause certain types of diseases along with severe personality damage. It lowers sensitivity, efficiency and caution in a person and impairs physical, moral and mental health (Siddique, 1983, p.402).

Of course, drugs possess tremendous potentialities. It may give rise directly or indirectly to various crimes. Persons who are abused and affected by drugs may disdain their social and family obligations. Moreover, consumption of drugs may lead to financial problems generating a good number of family sufferings in poor families and on the other, induce the users to commit pathological or criminal activities in the society.

Table- 8: Involvement of Drug Addicts in the Criminal Activities

Involvement in the criminal activity	Addicts	
	Frequency	Percentage
No Involvement	32	22.07
Stealing	41	28.27
Smuggling & Black marketing	50	34.48
Coercive Subscription Collection	6	4.14
Cheating	5	3.45
Murder/ Killing	2	1.38
Prostitution going	9	6.21
Total	145	100.00

As regards the involvement of addicts in crimes that place implications on personal, social and family life. It is clear from the Table-8 that of the total addicts 28.27% were involved in stealing. Especially, a larger number of addicts spending greater amount of money for drugs were found to engage in stealing due to failure of earning available funds from their own sources. It is surprising to note that good many of addicts (34.48%) were found to involve in smuggling and blackmarketing. Particularly, addicts who were of both opulent and poor families were involved in such activities because of easy and bulk earning of money for drugs. It is obvious that the percentage of addicts involving in smuggling and black-marketing were much higher than those involved in another criminal activities. Only 1.38 % addicts were involved in committing murder and 4.14% involved coercive subscription collecting. A very small percent (3.45%) of addicts were involved in cheating. But an insignificant percent (6.21%) were found to involve in prostitution. They were involved in such highly condemned act because of their personality damage and loose character.

It is clearly observed that the highest number of addicts was oriented to earning money to afford the addictive drugs. That's why, the largest number of addicts were found to engage in diversified vicious activities highly censured by the members of the family and also of the society. It is also observed that the larger majority of addicts (34.48%) of the total addicts were found to

involve in smuggling and blackmarketing. It is also found that 22.00% addicts were not involved in any criminal acts; they were found to manage funds for drugs from their own fair sources of income.

Smoking Habit of Drug Addicts before using Drugs

Today, smoking is enjoying a huge popular acceptance throughout the world including Bangladesh. In particular, it is widespread all over Bangladesh among different strata of people, cutting across the lines of class and socio-economic background. Actually, tobacco has its habit-forming properties that help develop psychological dependence. Psychological dependence designated as habituation is a condition that arises when individuals who receive satisfaction from the initial use of a drug or smoking and continue to take it for the feeling of well being it produces. When taken repeatedly and habitually, any addictive substance like tobacco may encourage the users to rely on it and cause psychological discomfort when withdrawn (Place, 1984).

In present society, many people start smoking even though their parents and relatives do not; smoking, in many cases, becomes the teenager's gesture of independence from parents and family. But, peer influence is extremely important in the development of smoking habit during the teenage and youthhood. Young people often try their first smoking (cigarette) at the urging of friends, and they may continue to smoke if it is an accepted and admired habit within their social group. In the society, there are various types of smokers such as the pleasure smoker, the negative-effect smoker, the habitual smoker and the heavy smoker. Pleasure smokers love their cigarettes and are not yet habituated to nicotine. They enjoy its taste; experience either relaxation or stimulation from smoking. Pleasure smokers have little trouble to give up cigarette, since they have not yet developed a physical or psychological dependence on nicotine. Negative effect smokers begin to become habituated to nicotine and use cigarettes as crutch; they reach for a cigarette in times of crisis. The nicotine in tobacco smoke produces a sedative effect that relieves negative feelings of nervousness, worry, anger or disgust. Habitual smokers may consider smoking to be sophisticated practice, but now, without realizing it, they have established a nicotine habit. But heavy smokers become strongly

habituated to nicotine. In fact, they are the “chain smokers” living for cigarettes. Heavy smokers feel acutely uncomfortable unless they maintain a certain level of nicotine in their systems at all times. They are strongly habituated to nicotine (Place, 1984 P. 323).

However, there are no direct relationship between tobacco smoking and addiction to hard drugs; it helps develop a psychologically addictive habit. But, it is also a fact that there is no major personality characteristic differentiation between smokers and non-smokers. But persons who smoke have the possibility to mould more and more addicting habit or habituation on an addictive drug.

Table- 9: Smoking Habit of Drug Addicts before getting Addict

Habit	Addicts	
	Frequency	Percentage
Smoker	114	78.62
Non-smoker	31	21.38
Total	145	100.00

With respect to smoking habit that contributed to develop intoxicating habit, it is observed from the Table that out of the total addicts 78.62% were smokers before turning drug addict. This percentage of addicts is much higher than those not habituated to tobacco smoking. Of the total addicts 21.38% were non-smokers. It is obvious that this percent (21.38%) of non-smokers is much lower as compared with that of smokers.

Performance of Religious Institutions of Drug Addicts

Religion is, no doubt, a controlling force of human behavior. Virtually religion is attitude towards Super Human Power with which fear, and punishment given by Almighty is concerned. Religion has a spiritual as well as social dimension that influence on individual's behavior, especially in the confinement of moral and social sanctions (Rahman,1982). Although

religious restriction are practiced almost in every society, in some societies, restrictions are, to some extent, relaxed mainly due to the modernization of outlook and elevation of new culture and societies. In addition, by the influence of modern society and civilization, lack of religious feeling and devotion to religious institutions among individuals are growing at a high speed that encourage a person in doing any socially unbecoming and unrecognized activities. But some people in the society who belong to strong religious beliefs and spiritual knowledge always try to hold aloof from any type of mischievous activities. Particularly, they are tended to do so predominantly on the cause of having escape from the humiliation of social prestige and the punishment of Super Human Power after the world.

Table- 10: The Practice of Religious Institutions of Drug Addicts

Practice	Addicts	
	Frequency	Percentage
Regular	5	3.45
Irregular	62	42.76
Never	78	53.79
Total	145	100.00

It is obviously true that a number of people in the society do well-being of other people and possess a good character in social conduct. To the contrary, some among social people are found to involve in various types of antisocial activities causing diversified family as well as social problems. However, religious feeling does not directly control drug taking like other aberrant activities, as though this feeling encourages a person to abstain from vicious acts. Nevertheless, certain contributory factors such as frustration, social tensions, economic hardship, aimlessness and helplessness in life, may induce an individual directly or indirectly to have bad habit like drug use.

With regard to the performance of religious institutions of addicts that may exert the influence on controlling and reducing drug habit, it is observed from the Table- 10 that out of the total addicts, 53.79% never

practiced any religious institutions or duties. Most of them were found to involve seriously in the domain of drug society. Their predominant thrust was seemed to collect drugs and consume it in order to have euphoric pleasure. Of the total addicts, 42.76% practiced religious institutions or duties irregularly. They were mostly found to do so because of light religious feeling. A few numbers of them were appeared to practice religious institutions as social conventions but not religious bindings.

It is disheartening to note that of the total addicts, only 3.45% were found in regular practice of religious duties. They were found to do so owing to firm religious feeling and were appeared to use soft and less addicting drugs. It is noticeable from the Table that the larger majority of the addicts were habituated to use drugs particularly due to lack of religious feeling and negligence to the practices of religious institutions or duties.

CONCLUSION

In conclusion, it may be mentioned that this paper represents the socio-economic background of the addict in Rajshahi City, Bangladesh along with certain implications of drug use on the lives of addicts and the society as well. Having been addicted, a good number of addicts are experiencing a multiplicity of detrimental effects on their personal and social life. In particular, a large number of addicts are experiencing economic hardship, family problems, and psychophysical impairments. It is disheartening to note that a large number of energetic and promising youth have been victim of drug abuse. Drug abuse as a global, social problem needs its proper treatment and remedy. In view of this social problem, effective remedial measures are essential in order that this problem can be taken into the narrowest confines or reduced so far as possible.

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